

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-032389

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8111

STATE FILE NUMBER

VS 300
Rev. 4/59

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240393

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60

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

St. Louis, Mo.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Faith Hospital

Length of stay in lb

11 Days

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY OR TOWN

St Johns

d. STREET ADDRESS

3615 Brown Road

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

ARMAND

Middle

J.

Last

DELLANDE

4. DATE OF DEATH

Month

August

Day

18,

Year

1962.

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-15-1889

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY

St. Louis Chronic Hospital

11. BIRTHPLACE (City and state or country)

Mississippi.

12. CITIZEN OF WHAT COUNTRY

U.S.A.,

13a. FATHER'S NAME

Arsin Dellande

13b. MOTHER'S MAIDEN NAME

Arsine Belot

14. NAME OF HUSBAND OR WIFE

Mrs Georgiana Dellande

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes 1st W.W.

16. SOCIAL SECURITY NO.

17. INFORMANT

Georgiana Dellande, 3615 Brown Road,

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Intestinal Obstruction -

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinoma of Cecum

DUE TO (c)

153.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

August 9, 1962

and last saw him alive on

August 8, 1962

Death occurred at

10:00 P.M.,

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. L. Pralier

(Degree or title)

M.D.

22b. ADDRESS

Faith Hosp.

22c. DATE SIGNED

8/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8-23-1962

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery,

23d. LOCATION (City, town, or county)

Jefferson Barricks, Missouri.

24. FUNERAL DIRECTOR

Math. Hermann & Son Inc. 2161 E. Fair Ave.

25. DATE RECD. BY LOCAL REG.

AUG 21 1962

26. REGISTRAR'S SIGNATURE

Roan Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Julius R Brown

Licensed Embalmer No.

5146

P. O. Address

St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.